PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : **CABRERA'S DRUGSTORE & MEDICAL SUPPLIES** P.O. No. : **25010052**

Address : Bagasbas Road, Brgy VI Date : 3-24-25

Daet, Camarines Norte, Region V, Philippines

Telephone No. :

TIN : 102-703-972-000 Mode of Procurement : Negotiated-Two-failed Bidding

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : LDH Delivery Term : 30 CD

Date of Delivery : 4-25-25 Payment Term: FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	300	tab	Aciclovir tab 800mg, SAPHRIVAX	39.85	11,955.00
2	700	tab	Acetylcysteine 600mg effervescent tab, FLUZETRIN	26.95	18,865.00
3	50	bot	Aluminum (OH)/Magnesium (OH) 225mg/200mg/5ml susp, 120ml, GASTROCIN	41.83	2,091.50
4	1000	tab	Amlodipine tab 5 mg, AMLOTHIX	2.30	2,300.00
5	1000	tab	Amlodipine 10mg tablet, PHILVASC	3.05	3,050.00
6	1500	cap	Amoxicillin 500mg cap. BETAMOX	5.98	8,970.00
7	300	tab	Atorvastatin 40mg, TROVIPRI	8.94	2,682.00
8	500	tab	Allopurinol 300mg, ALLUPREX	6.95	3,475.00
9	400	tab	Aspirin tab 80mg, SCHEEPRIN	2.70	1,080.00
10	300	tab	Azithromycin 500mg tab, AZITAROM	44.92	13,476.00
11	250	neb	Budesonide 250mcg/ml, 2ml resp sol, neb, RESPI-SAPH	47.00	11,750.00
12	400	tab	Betahistine HCl 24mg tablet,24 VERTISAPH	24.95	9,980.00
13	200	tab	Betahistine HCl 16mg tablet,24 HISTAKON	14.75	2,950.00
14	50	supp	Bisacodyl 5mg suppository, DULCOLAX ,	59.25	2,962.50
15	700	tab	Butamirate MR 500mg tab, RIMECOD FORTE	15.05	10,535.00
16	300	tab	Carvedilol 6.25mg tab, KARVIDOL	4.95	1,485.00
17	200	tab	Carvedilol 25mg tab, KARVIDOL	14.76	2,952.00
18	2000	cap	Cefalexin 500mg cap, EXEL	5.25	10,500.00
19	75	bot	Cefalexin250mg/5ml susp 60ml, EXEL	38.94	2,920.50
1	400	cap	Cefixime 200mg capsule, SAPHIXIME	17.96	7,184.00
21	25	bot	Cefixime 100mg/5ml susp 60ml, CEFIXSAPH 100	183.35	4,583.75
22	50	bot	Cefixime 20mg/ml drops,10ml, CEFIM	189.90	9,495.00
23	3000	tab	Cefuroxime tab 500mg, AEROX	21.95	65,850.00
24	100	bot	Cefuroxime susp 250mg/5ml 120ml, SQCEF	147.98	14,798.00
25	2000	cap	Celecoxib 200mg cap, EMICOX	8.20	16,400.00
			For LDH use		
Total amount in words:			**TWO HUNDRED FORTY TWO THOUSAND TWO HUNDRED NINETY PESOS & 25/100**		**242,290.25**

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

RICARTE R. PADILLLA
Governor

Conforme:

MARIA SALOME H. CABRERA
Signature over printed name of Supplier

March 24, 2025
Date

PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

upplier : CABRERA'S DRUGSTORE & MEDICAL SUPPLIES
ddress : Bagasbas Road, Brgy VI
Daet, Camarines Norte, Region V, Philippines
elephone No. :
IN 102-703-972-000

P.O. No. : 25010052
Date : 3-24-25
Mode of Procurement : Negotiated-Two-failed Bidding

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

lace of Delivery : LDH
ate of Delivery : 4-2T-25

Delivery Term : 30 CD
Payment Term: FULL

em No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
			balance forwarded----------P		242,290.25
26	75	bot	Cetirizine 2.5mg/ml (syrup), 10ml oral drops, ALLERJEC	70.95	5,321.25
27	100	bot	Cetirizine syrup 1mg/ml 60ml syrup, ZYRINE	69.90	6,990.00
28	2500	tab	Cetirizine 10mg tablet, CETICIT	3.83	9,575.00
29	500	tab	Cinnarizine tab, MOTICON	2.15	1,075.00
30	30	bot	Clarithromycin 125mg/5ml susp 50ml, ACCETHROM	210.00	6,300.00
31	30	bot	Clarithromycin 250mg/5ml susp 50ml, ACCETHROM	412.90	12,387.00
32	300	tab	Clarithromycin 500mg tab, CLARTROL	21.10	6,330.00
33	300	cap	Clindamycin cap, 150mg, ACRESIL	6.35	1,905.00
34	700	cap	Clindamycin 300mg cap, CLINTOP	10.43	7,301.00
35	1500	cap	Cloxacillin 500mg capsule, CLOXANE	5.58	8,370.00
36	200	tab	Clozapine 25mg tab, CLOZADIN	11.85	2,370.00
37	1000	tab	Co-Amoxiclav tab 625mg, RANICLAV	11.55	11,550.00
38	300	tab	Dapaglifozin 10mg, DAPA-Z	43.95	13,185.00
39	50	bot	Dicycloverine 10mg/5ml syrup 60ml, CYCLIUM	34.90	1,745.00
40	100	bot	Diphenhydramine 12.5mg/5ml syrup 60ml, HISTAMOX	30.95	3,095.00
41	200	tab	Eperisone HCL 50mg tab, PERISPA	23.38	4,676.00
42	30	bot	Fluticasone+ Salmeterol 125mcg/25mcgx120, FORAIR 125	359.70	10,791.00
43	2500	cap	Folic Acid 5mg, INFACARE	4.47	11,175.00
44	20	bot	Hyoscine n-butylbromide 5mg/5ml syrup 60ml. HYOSPAN	38.40	768.00
45	500	tab	Hyoscine n-butylbromide 10mg tab HYOSPAN	5.00	2,500.00
46	50	bot	Lactulose 3.3g/5ml susp 120ml. STAL-LACT	189.90	9,495.00
47	1000	tab	Lagundi 600mg tab, ASFLEM	3.75	3,750.00
48	60	bot	Lagundi syrup 300mg/5ml 120ml, CLIRCAF	74.94	4,496.40
49	150	tab	Levofloxacin 500mg tab, LENOXA	25.80	3,870.00
50	4000	tab	Lozartan 50mg tab, NATRASOL	5.20	20,800.00

For LDH use

tal amount in words:	FOUR HUNDRED TWELVE THOUSAND ONE HUNDRED TEN PESOS & 90/100	412,110.90

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent every day of delay shall be imposed.

Very truly yours,

RICARTE R. PADILLLA
Governor

nforme:

MARIA SALOME H. CABRERA
Signature over printed name of Supplier

March 26, 2025
Date

PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

upplier : **CABRERA'S DRUGSTORE & MEDICAL SUPPLIES**
ddress : Bagasbas Road, Brgy VI
Daet, Camarines Norte, Region V, Philippines
elephone No. :
IN 102-703-972-000

P.O. No. : **25010052**
Date : 3-24-25
Mode of Procurement : Negotiated-Two-failed Bidding

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

lace of Delivery : LDH
ate of Delivery : 4-25-25

Delivery Term : 30 CD
Payment Term: FULL

em No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
			balance forwarded----------P		412,110.90
51	500	tab	Lozartan 50mg+HCTZ 12.5mg tab, ARTAZIDE	7.95	3,975.00
52	500	tab	Lozartan 100mg tab, ARTRICE	10.98	5,490.00
53	300	pc	IV Cannula G26, HEXACARE	109.90	32,970.00
54	1200	pc	Intravenous Set Pedia, SURRMED	55.95	67,140.00
55	150	bot	Mebendazole 100mg/5ml 60ml susp, DM	29.85	4,477.50
56	1500	cap	Mefenamic Acid 500mg cap, MECID	3.15	4,725.00
57	500	tab	Metformin 500mg tablet, GLYCEMET	4.15	2,075.00
58	400	tab	Methimazole 5mg tab, TAPDIN	9.45	3,780.00
59	300	tab	Metoclopramide 10mg tablet, METO	2.00	600.00
60	90	bot	Metronidazole 125mg/5ml susp 60ml, AMBIDAZOLE	32.95	2,965.50
61	500	tab	Metronidazole 500mg tablet, MEDIZOLE	5.48	2,740.00
62	1200	tab	Monteluekast 10mg tab, DIRONEST	10.97	13,164.00
63	700	tab	Monteluekast 5mg chewable tab,MASTIC-5	8.97	6,279.00
64	200	bot	Multivitamins syrup 60ml, MYREVIT	45.05	9,010.00
65	3000	cap	Multivitamins cap, MYREVIT	3.40	10,200.00
66	50	tube	Mupirocin 2% oint 15g, MUPORS	129.95	6,497.50
67	1500	sach	Oral Rehydration Salt (ORS 75 Replacement), DEHYDROSOL	5.25	7,875.00
68	300	cap	Omeprazole cap, 40mg, RANZOLE	23.96	7,188.00
69	4500	neb	Salbutamol 2mg/ml, 2.5ml Respiratory sol'n for nebulization, HIVENT	9.23	41,535.00
70	2000	neb	Ipratropium Br + salbutamol 500mcg/2.5mg, 2.5ml, HIVENT PLUS	22.98	45,960.00
71	5000	tab	Paracetamol 500mg tab, AMBURETIC	2.20	11,000.00
72	300	bot	Paracetamol 250mg/5ml suspensiom, 60ml, HYPER-250	47.90	14,370.00
73	100	tab	Propylthiuuracil 50mg tab, RHEA	11.95	1,195.00
74	500	cap	Tramadol cap 50mg, ROUNOX	4.45	2,225.00
75	700	tab	Trimetazidine tab 35mg, TERAZIDINE	8.48	5,936.00
			For LDH use		
otal amount in words:			**SEVEN HUNDRED TWENTY FIVE THOUSAND FOUR HUNDRED EIGHTY THREE PESOS & 40/100**		**725,483.40**

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

RICARTE R. PADILLLA
Governor

Conforme:

MARIA SALOME H. CABRERA
Signature over printed name of Supplier

March 26, 2025
Date

PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier	: **CABRERA'S DRUGSTORE & MEDICAL SUPPLIES**	P.O. No.	: **25010052**
Address	: Bagasbas Road, Brgy VI	Date	: 3-24-25
	Daet, Camarines Norte, Region V, Philippines		
Telephone No.	:		
TIN	: 102-703-972-000	Mode of Procurement	: Negotiated-Two-failed Bidding

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery :	LDH	Delivery Term :	30 CD
Date of Delivery :	4-25-25	Payment Term:	FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
			balance forwarded----------P		725,483.40
76	1000	tab	Telmisartan 40mg tablet, MICOR	15.15	15,150.00
77	700	pc	Soluset, SURRMED	210.00	147,000.00
78	500	pc	Heplock, UNIMEX	10.43	5,215.00
79	1500	pc	Intravenous Set adult, SURRMED	60.45	90,675.00
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			For LDH use		
Total amount in words:			**NINE HUNDRED EIGHTY THREE THOUSAND FIVE HUNDRED TWENTY THREE & 40/100 PESOS**		**983,523.40**

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

RICARTE R. PADILLLA
Governor

Conforme:

MARIA SALOME H. CABRERA
Signature over printed name of Supplier

March 24, 2025
Date